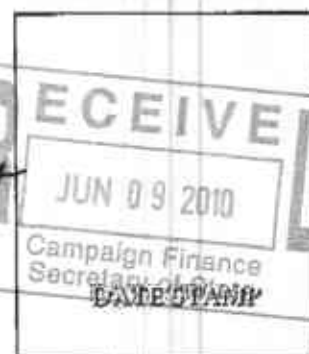


2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATEPolitical Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

Name of Committee Committee to Elect William R. Sanders Circuit Court Judge
 Address P.O. Box 416, Charleston, MS 38921
 Telephone 662-647-3656 Fax 662-647-0218
 Treasurer MARY ALICE SANDERS Email bslegals@gmail.com

☐ Check here if above is different from previous report

TYPE OF REPORT

☐ May 10, 2010 Periodic Report (January 1, 2009, through April 30, 2010).....Mandatory
☒ June 10, 2010 Periodic Report (May 1, 2010, through May 31, 2010).....Mandatory
☐ July 9, 2010 Periodic Report (June 1, 2010, through June 30, 2010).....Mandatory
☐ October 10, 2009 Periodic Report (July 1, 2010, through September 30, 2010).....Mandatory
☐ October 26, 2010 Pre-Election Report (October 1, 2010, through October 23, 2010).....Mandatory
☐ November 16, 2010 Pre-Runoff Report (October 24, 2010, through November 13, 2009).....Runoff Candidates
☐ January 10, 2011 Periodic Report (October 1, 2010, through December 31, 2010).....Mandatory
☐ Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

IMPORTANT

- (1) Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.
- (2) Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (3) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions \$	500.00 +\$	\$ 500.00	\$ 10,500.00
Total amount of disbursements \$	1501.29 +\$	\$ 1501.29	\$ 6,980.81
Total amount of cash on hand		\$ 3519.19	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mary Alice Sanders
Signature of Director or Treasurer

6-9-10
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements.

Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices: should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39208 or fax to 601-369-1499 or 601-678-2818.

2. Candidates for countywide and county district offices: should return forms to their county Circuit Clerk.

Page 1 of 1Name of Candidate or Committee William R. SANDERSReporting period 5-1-2010 through 5-31-2010

ITEMIZED DISBURSEMENTS

A. Full name <u>CHARLESTON PRINTING</u>	Date (Mo., Day, Year) <u>5/7/10</u>	Amount of each disbursement this period \$ <u>574.70</u>
Mailing Address <u>CHARLESTON, MS. 38921</u>	<u>5/7/10</u>	\$
City, State, Zip Code <u>CHARLESTON, MS. 38921</u>	<u>5/7/10</u>	\$
Purpose of Disbursement (Optional) <u>CAMPAIGN CARDS</u>	Aggregate Year-to-date <u>574.70</u>	\$ <u>574.70</u>
B. Full name <u>DONAHUE</u>	Date (Mo., Day, Year) <u>5/11/10</u>	Amount of each disbursement this period \$ <u>223.95</u>
Mailing Address <u>11205 HELBER ROAD</u>	<u>5/11/10</u>	\$
City, State, Zip Code <u>LOGAN OHIO 43138</u>	<u>5/11/10</u>	\$
Purpose of Disbursement (Optional) <u>CAMPAIGN HANDOUTS</u>	Aggregate Year-to-date <u>3923.65</u>	\$ <u>3923.65</u>
C. Full name <u>EXPRESS CONTRACT PACKING</u>	Date (Mo., Day, Year) <u>5/18/10</u>	Amount of each disbursement this period \$ <u>300.00</u>
Mailing Address <u>PMB 180</u>	<u>5/18/10</u>	\$
City, State, Zip Code <u>LAKE LAND, TN 38002-8094</u>	<u>5/18/10</u>	\$
Purpose of Disbursement (Optional) <u>CAMPAIGN CHAIRS</u>	Aggregate Year-to-date <u>300.00</u>	\$ <u>300.00</u>
D. Full name <u>NORTH MISSISSIPPI HERALD</u>	Date (Mo., Day, Year) <u>5/17/10</u>	Amount of each disbursement this period \$ <u>150.00</u>
Mailing Address <u>P.O. Box 648</u>	<u>5/17/10</u>	\$
City, State, Zip Code <u>WATER VALLEY, MS 38965</u>	<u>5/17/10</u>	\$
Purpose of Disbursement (Optional) <u>ADVERTISING CAMPAIGN</u>	Aggregate Year-to-date <u>150.00</u>	\$ <u>150.00</u>
E. Full name <u>TALLAHATCHIE YOUTH LEAGUE</u>	Date (Mo., Day, Year) <u>5/2/10</u>	Amount of each disbursement this period \$ <u>100.00</u>
Mailing Address <u>CHARLESTON, MS 38921</u>	<u>5/2/10</u>	\$
City, State, Zip Code <u>CHARLESTON, MS 38921</u>	<u>5/2/10</u>	\$
Purpose of Disbursement (Optional) <u>CAMPAIGN SIGN FOR BALL FIELD</u>	Aggregate Year-to-date <u>100.00</u>	\$ <u>100.00</u>
F. Full name <u>THE COFFEEVINE COURIER</u>	Date (Mo., Day, Year) <u>5/17/10</u>	Amount of each disbursement this period \$ <u>152.64</u>
Mailing Address <u>P.O. Box 607</u>	<u>5/17/10</u>	\$
City, State, Zip Code <u>COFFEEVINE, MS 38922</u>	<u>5/17/10</u>	\$
Purpose of Disbursement (Optional) <u>CAMPAIGN ADVERTISING</u>	Aggregate Year-to-date <u>152.64</u>	\$ <u>152.64</u>

Page 1 of 1

Name of Candidate or Committee William R. SANDERS
 Reporting period 5-1-2010 through 5-31-2010

ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Shelley B. Howell</u>		<u>5/10/10</u>	\$ <u>100.00</u>
Mailing Address <u>P.O. Box 947</u>		<u> / / </u>	\$
City, State, Zip Code <u>Water Valley, MS 38965</u>		<u> / / </u>	\$
Name of Employer (Required) <u>?</u>		<u> / / </u>	\$
Occupation (Required) <u>housewife</u>		Aggregate year-to-date	\$ <u>100.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Theodore T. Lewis M.D.</u>		<u>5/10/10</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 525</u>		<u> / / </u>	\$
City, State, Zip Code <u>Charleston, MS. 38921</u>		<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>		<u> / / </u>	\$
Occupation (Required) <u>Retired Doctor</u>		Aggregate year-to-date	\$ <u>200.00</u>
C. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>George P. Cassar Jr.</u>		<u>5/12/10</u>	\$ <u>200.00</u>
Mailing Address <u>P.O. Box 50</u>		<u> / / </u>	\$
City, State, Zip Code <u>Charleston MS 38921</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Self</u>		<u> / / </u>	\$
Occupation (Required) <u>ATTORNEY</u>		Aggregate year-to-date	\$ <u>200.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u> / / </u>		<u> / / </u>	\$
Mailing Address <u> / / </u>		<u> / / </u>	\$
City, State, Zip Code <u> / / </u>		<u> / / </u>	\$
Name of Employer (Required) <u> / / </u>		<u> / / </u>	\$
Occupation (Required) <u> / / </u>		Aggregate year-to-date	\$